



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

that there are cases of insomnia, even where the patient is said to have been a long while dependent upon artificial sleep, which may be forced to yield without any medicinal treatment. Drugs are to be given only when definitely indicated, then in doses large enough to get the result needed, while it continues of importance to observe without neglect such other means as may aid in securing sleep.

THE RELATION OF SYPHILIS TO THE NURSING PROFESSION *

By L. B. BALDWIN, M.D.

Chicago

It has been a matter of such grave doubt with me whether the great danger of specific infection was brought forcibly enough before the minds of the nurses who, year by year, are graduated from the various training-schools, that I questioned different nurses from different schools and of varying experience, and was not surprised to find that few realized fully what specific infection means. Of course, they knew that contact with a chancre or with mucous patches usually would result in infection, but that infection might also be the result of some little carelessness in the routine of their work seemed far from their thoughts.

Nurses are called upon every day to nurse patients about whom they know little or nothing. They are seldom called upon to nurse syphilis, but how often are they called upon to nurse a patient with some other disease who has syphilis? and people who are suffering from syphilis are very loath to acknowledge it to the physician, much less to the nurse who is constantly with them.

In April I read a paper before the Chicago Medical Society on extra-genital chancres. I reported a few of the cases that had come under my notice among physicians and midwives. The nurse runs the same chance of infection that the doctor and midwife do, and for this reason I will cite a few cases showing the many ways that infection takes place.

First.—A midwife delivered a woman whom she did not know was suffering from syphilis. Three weeks after she noticed an ulceration on the back of her hand, but thought it was due to a pus infection. She continued to practise midwifery for two months, when the secondary eruption appeared, and she was informed that she had syphilis, and the ulceration on the back of her hand was a chancre. One of the women

* From *St. Luke's Alumnae Association Journal*.

she infected was referred to me for treatment, and no one knows how many more she infected.

Second. A young woman suffering from typhoid fever had for her nurse a married sister whom she was in the habit of kissing. Three weeks after acting as nurse the married sister developed what she supposed was a cold-sore on her upper lip which proved to be a chancre. She infected her husband on the upper lip, and both husband and wife are under my care with very severe forms of syphilis.

Third. A baby, two months old, was being wheeled about in a baby-carriage by the nurse, when a woman passing patted the baby and, leaning over, kissed it. In three weeks the baby had a well-defined ulcer on its lip, which proved to be a syphilitic chancre. This case only emphasizes the danger to which ninety-nine babies out of a hundred are exposed, not from nurses, because they are taught better, but from the general public. So often a person will pat a baby's cheek, saying how sweet and cunning it is, and end by kissing the little one on the mouth, and will perhaps by that kiss convey to the innocent baby syphilis, tuberculosis, or some equally dread disease. If there is one thing that a nurse should impress upon a new mother, it is the danger of allowing the baby to be kissed by anyone.

Another very fruitful source of infection is the nursing-nipple. You will find nine nurse-girls out of ten who will put the nipple in their mouth to see if the milk is of the right temperature, and, I am sorry to say, I have seen many nurses taste the contents of a spoon before giving it to the baby. It is dangerous, and it is a bad example to the family.

Fournier reports four hundred and eighty-one cases of extragenital chancres, three hundred and sixty-five of which were of the lip. I now have under my treatment at Cook County Hospital three cases of chancres of the lip, which shows that they are not uncommon.

Another favorite seat of the chancre is the breast. I report a case which will be instructive and interesting to you:

A baby, four months old, was brought to my clinic by its sister. On examining the baby I found a secondary eruption, enlarged lingual gland, and a true chancre of the left side of the lower lip. I sent for the mother. On examining her I found a fast disappearing ulceration under the left nipple. The history she gave was as follows: The flow of milk was very slow, and her husband had used his mouth on her breast to, as she expressed it, hurry up the milk, and the sore appeared a month afterwards. So here we have a father infecting the mother's breast and the breast infecting the baby.

During one of the examinations the sister leaned over and kissed the child to quiet it. I explained the danger to her of infection, but four

months afterwards she presented herself at the clinic with a chancre on her lip.

I do not wish to convey the impression to you that the patient has to have a chancre to be infected, as the mucous patch which syphilitic patients have in ninety-nine out of a hundred cases occurs in the mouth, and lasts for months and even years, and is as infectious, if not more so, than the chancre. You can easily see how much danger there is in conveyance of the infection from one person to another by tongue-depressors, thermometers, feeding-tubes, spoons, drinking-utensils, and so forth.

The foregoing cases serve to illustrate the many ways in which infection may be transmitted, and should put the nurse on her guard as to the unlooked-for quarters from which infective material, not only general, but specific, may be derived.

The only safe way is to establish strict rules of exclusion, and to see that they are observed in their minutest details.

EXPERIMENTS IN RECENT METHODS OF FEEDING CHILDREN

By MARGARET M. TOOKER

Superintendent of Nurses, Michael Reese Hospital, Chicago

At the desire of one of the staff of the Michael Reese Hospital, Chicago, some experiments have recently been made in the Diet School of that institution in regard to dextrinizing foods and a modern method of milk modification.

The English for some time have used a modification of milk where the relative proportions of milk and whey were taken into consideration. Similar modifications have been used in Austria by Monti and in France by Vigier, whose method is as follows:

Take the needed amount of certified milk and divide in two equal portions, putting each portion in a sterile glass jar and closing the top of the jar with sterile cotton. Set aside in a cold place for a couple of hours until cream has risen again; skim the cream from one portion and add to the other portion, thus retaining all the fat. Heat the milk from which the cream has been removed in a sterile saucepan to 98° F. Add to it rennet, using for one pint of skimmed milk one teaspoonful of liquid rennet, or one-half junket tablet dissolved in one tablespoonful of water which has been boiled and cooled. Let the milk stand in a warm place until thoroughly coagulated, then strain, thereby removing one-half the caseine of the entire milk used. Heat the whey thus obtained to